Name in Full Jacob Carpenter

Certificate of Death

Died at Town Annapolis County A A MARYLAND

Date 189 8 Month Nov Day 27th Age Y. 56 M. 7 D. 12 Native of Annapolis Occupation Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Four

Husband of Wife Rebecca Carpenter

Father's Name Mothers Name

Cause of Death { Primary Cardiac Dropsy 57 How long sick

Immediate Accident, Suicide, Homicide

Reported by John Ridout MD

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Jany 9th 1849

Name in Full Thos. Edward Atwell — Certificate of Death

Died at Town Shady Side County Anne Arundel MARYLAND

Date 189 8 Month Nov. Day 7 | Age Y. 62 M. 6 D. - | Native of Md | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 7

Husband ~~Wife~~ of Francis Shipley 97

Father's Name John Atwell — Mother's Name Lizzie Crandell

Cause of Death: Primary Bright's Disease — How long sick 9 mos

Immediate Pulmonary Oedema

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Geo. T. Dryer, M.D.

Address Churchton A. A. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Hansin Clinton Carr

Died at Town: Crownsville County: Anne Arundel MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	Nov.	7	1	19		Md-	

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of 152a

Father's Name H. C. Carr

Mother's Name Daisy Chaney

Cause of Death: Primary injury - Constipations; Immediate convulsions

How long sick 6 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by A V Bryant M D

Address Waterbury a.a. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs. Carr

Certificate of Death

Died at Town. Bristol County Anne Arundel MARYLAND

Date 189 F Month 11 Day 9 | Y. M. D. Age | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~

Number of children living

~~Husband~~ / Wife of Geo. H. Carr, Jr.

Father's Name | Mother's Name

Cause of Death { Primary: Typhoid Fever / Immediate } | How long sick

Accident, Suicide, Homicide

Reported by Evening Capital Annapolis

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Mt. Calvary Church.

Name in Full — Certificate of Death

Frank H. Leonard, United States Navy.

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1898 Month: 11 Day: 16 | Age Y. 39 M. D. | Native of | Occupation: Engineer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 2

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Pneumonia 72 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Maryland Republican 11-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full

Certificate of Death

Dorathy V Crandall

Died at Annapolis (Town) A.A.Co (County) MARYLAND

Date 189 8 Month Nov Day 6th | Age Y. 6 M. 3 D. | Native of Annapolis | Occupation none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~ XX

~~Husband~~ Wife of

Father's Name Charles A. Crandall | Mother's Name Elizabeth E Crandall

Cause of Death: Primary Meningitis 39a | How long sick 5 1/2 months

Immediate Same | Accident, Suicide, Homicide

OVER

Reported by James S Taylor undertaker

Address Annapolis Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. Geo Wells

of Annapolis Md

Seen by Coroner

of

formation contained in this certificate re-

from Dr Geo Wells

of Annapolis Md

Name in Full

Editha Olga Fletcher

Certificate of Death

Died at Annapolis — Town — A.A. Co — County — MARYLAND

Date 1898 — Month 11 — Day 1 — Age Y. 23 M. 11 D. 27 — Native of city — Occupation —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Edward Fletcher — Mother's Name Eliza Fletcher

Cause of Death — Primary Enteric Colitis 83 — How long sick 3 weeks

Immediate Acute Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by Wm Tinley M.D.

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Read for record
Nov 20th 1898

Name in Full Margaret Green

Certificate of Death

Died at Town Millersville County Anne Arundel MARYLAND

Date 1898 Month 11 Day 5 Age Y. 35 M. D. Native of Md Occupation Housekeeper

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living 4

~~Husband~~ of Wife Thomas Green

Father's Name Dont Know ~~Betsy Greenleaf~~ Mother's Name Betsy Greenleaf

Cause of Death Primary

Immediate Consumption

How long sick 6 months

~~Accident, Suicide, Homicide~~

Reported by W. Du Bois MD 22a

Address Tamarills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full S. F. Hillary

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 189 8 Month 11 Day 17 Age Y. 80 M. D. Native of Germany Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death Primary Infirmities of age. How long sick

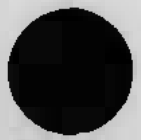
Immediate Accident, Suicide, Homicide

Reported by Anne Arundel Examiner TT-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Maine Johns

Died at Town Annapolis County A A MARYLAND

Date 189 6 Month Nov Day 29th Age Y. 2 M. 6 D. Native of Annapolis Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Joseph Johns

Mother's Name Mary Johns

Cause of Death { Primary Pneumonia 72 } How long sick Four days

Immediate

Accident, Suicide, Homicide

Reported by John Ridout M D

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Jany 9th 1899

Name in Full: Mary Johnson

Certificate of Death

Died at Town: Annapolis County: A.A. Co. MARYLAND

Date 189 Month: 11 Day: 30 | Age Y.: 88 M. D. | Native of: County | Occupation: —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: James Turner

Mother's Name: Phyllis Larkins

Cause of Death — Primary: Debility from age 141

How long sick: 10 days

Immediate: Apoplexy

~~Accident, Suicide, Homicide~~

Reported by: William Bishop MD

Address: 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Read for record
Dec 1st 1898

Name in Full Mrs. Francina Chester Lemmon

Certificate of Death

Died at Town Lothian, W. River County Anne Arundel MARYLAND

Date 189 8 Month 11 Day 3 Age Y. 70 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Robert Lemon, Jr.

Father's Name Henry A. Hill Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Evening Capital

Address Annapolis 11-7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Michels Lynch

Certificate of Death

Died at Town Annapolis County Harbor Anne Arundel MARYLAND

Date 1898 Month Nov Day 4th | Age Y. M. D. — | Native of — | Occupation Oysterman

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband Wife of this is an undentified body

Father's Name | Mother's Name

Cause of Death: Primary 148 | How long sick

Immediate By drowning | Accident, Suicide, Homicide

Reported by Alex Evans Undertaker

Address 24 Colly Ave Annapolis Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Dr Welsh

City's Physician

Amsterdam

M.D.

Name in Full Certificate of Death

Geo. W. McCubbin

Died at Town McCubbinsville County Anne Arundel MARYLAND

Date 189 5 Month 11 Day 1 Age Y. 76 M. D. Native of Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Anne Arundel Examiner

Address Annapolis 11-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Susan Queen

Died at Town Annapolis County A A. MARYLAND

Date 189 8 Month Nov Day 21st | Age Y. 32 M. D. | Native of Buffalo N.Y. | Occupation book.

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

~~Husband~~ Wife of Robert Queen

Father's Name

Mother's Name 92

Cause of Death: Primary congestion of the Liver & Remittent Fever

Immediate

How long sick 6 days

Accident, Suicide, Homicide

Reported by John Ridout M.D

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Read for record
Dec 12th 1898

Name in Full | Certificate of Death

Mrs: Maria Macon Reynolds

Died at Town: Rectory Severn Parish County: Anne Arundel Co MARYLAND

Date 1898 Nov. 18 Month Day | Age Y. 62 M. 2 D. 3 | Native of Alabama | Occupation None

~~Male~~ White Married Widow 1 ~~Divorced~~ 1

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of ~~[illegible]~~

Wife Col. Frank Reynolds

Father's Name Geo. C. Ball | Mother's Name Eliza J. Ball.

Cause of Death: Primary | Immediate heart disease

How long sick 20 minutes

Accident, Suicide, Homicide

Reported by

Address

Rector S.P.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Wm Mumford

LIBRARY BUREAU, 65968

Attended by Dr. No physician

of

The undertaker was R. Thomas Williams

of Anne Arundel Co. Md.

Information contained in this certificate received from Rev. Wm. Brumford

of Millersville

a. a. Co
Md

Name in Full

Certificate of Death

Hariott. Richardson.

Died at Town Annapolis County Anne Arundel. MARYLAND

Date 1898 Month November Day 2 Age Y. 70 M. D. Native of Md. Occupation Wash woman

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death

Primary

Immediate Immediate Hent dense,

How long sick

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. William Bishop

Address Annapolis Md

Julian Brewer J.P. acting Coroner. Exofficio,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Jan 13th 1899

Name in Full

Certificate of Death

Richard Dorsey Sellman

Died at Town: Bests' Gate County: Anne Arundel MARYLAND

Date 1898 Month: Nov Day: 11 | Age Y.: 69 M.: D.: | Native of: Md | Occupation:

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

~~Wife~~ Husband of Eva Dorsey

Father's Name

Mother's Name

Cause of Death: Primary Apoplexy 42 — How long sick 7 days

Immediate General Paralysis — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm S Welch MD

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66988

Name in Full

Certificate of Death

Charles Stevens

Died at Town Annapolis County A A MARYLAND

Date 1898 Month Nov. Day 9th Age Y. 48 yrs. M. D. Native of Annapolis Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living Three

Husband of

Wife

Father's Name

Mother's Name

Cause of Death Primary Phthisis Pulmonalis How long sick Four Months

Immediate 229 Accident, Suicide, Homicide

Reported by John Ridout MD

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Recd for record
Dec 1st 1898

Name in Full

Certificate of Death

Corporal Louis Vessels, U. S. Marine Corps

Died at Town: Annapolis Naval Academy County: Anne Arundel MARYLAND

Date 189 8 | Month: 11 | Day: 17 | Age: Y. 26 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name: Louis Vessels

Mother's Name

Cause of Death: Primary: Typhoid Fever 1 — How long sick

Immediate

Accident, Suicide, Homicide

Reported by Anne Arundel Examiner 11-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mary Elizabeth Wiggins

Died at ~~Nov~~ Town Annapolis County A A Co MARYLAND

Date 1898 Month Nov. Day 30th Age Y. 57. M. 5 D. Native of Annapolis Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Henry Wiggins

Mother's Name Milweina Wiggins

Cause of Death: Primary 22a

Immediate Consumption.

How long sick 2 years

Accident, Suicide, Homicide

Reported by ~~John Wiggins~~ Jas G Taylor

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

The undertaker was J. S. Taylor
of Annapolis

Attended by Dr. + Geo Wells
of Annapolis Md.

Information contained in this certificate received from John Wiggins Brother
of

REPLIED